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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/890690
Filing Date	September 26, 2001
First Named Inventor	Sutor
Confirmation No.	6757
Examiner Name	
Attorney Docket Number	59326US008

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Robert W. Sprague, Authorized Representative of 3M ESPE AG

Date

Telephone

651/733-1500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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